

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

(1107)	0
OMB APPROVAL	
OMB Number: 3235-0076	-

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SEC USE ONLY									
Prefix Serial									
DATE RECEIVED									

Name of Offering ([] check if this	is an amendment and na	ame has	chan	ged	and ii	ndicate chang	e.)		
TYHEE DEVELOPMENT CORP., Private Placement Of Units									
Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6) [] ULOÉ									
Type of Filing: [X] New Filing [] Amendment								
A. BASIC IDENTIFICATION DATA									
1. Enter the information requested about	t the issuer		·				<u>feet ve</u>		
Name of Issuer ([] check if this is	an amendment and name	e has ch	ange	d, a	nd indi	cate change.)	OEC 0 2 2004		
TYHEE DEVELOPMENT CORE	•	_	_			_			
Address of Executive Offices (Number	and Street, City, State, Zip	p Code)			Telej	ohone Number	(Including Area Code)		
Suite 401-675 West Hastings Stree	t, Vancouver, BC V6B	3 1N2			604-	681-2877			
Address of Principal Business Operation	ns (Number and Street, City	y, State,	Zip		Telep	ohone Number	(Including Area Code)		
Code) (if different from Executive Office	es)								
same as above					sam	e as above	——PROCESSE		
Brief Description of Business							I NOCESSEL		
Gold and mineral exploration		·					ROCEJSEL		
Gold and mineral exploration Type of Business Organization							DEC 0 6 2004		
Gold and mineral exploration Type of Business Organization [X] corporation] limited partnership, alre				[](other (please sp	DEC 0 6 2004		
Gold and mineral exploration Type of Business Organization	limited partnership, to b	e forme				other (please sp	DEC 0 6 2004		
Gold and mineral exploration Type of Business Organization [X] corporation	limited partnership, to b			Yea	r	other (please sp	DEC 0 6 2004 DEC 10 6 2004		
Gold and mineral exploration Type of Business Organization [X] corporation [] business trust Actual or Estimated Date of Incorporation	limited partnership, to bon or Organization:	oe formed Month 0 3	i 1 !	9	r 9 3	[x] Act	DEC 0 6 2004 THOMSON FINANCIAL		
Type of Business Organization [X] corporation [] business trust	limited partnership, to bon or Organization:	oe formed Month 0 3	i 1 !	9	r 9 3	[x] Act	DEC 0 6 2004 THOMSON FINANCIAL		

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption untersult in a loss of an available state exemption in the filing of a federal notice.

Potential persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
• Each promoter of the issuer, if the issuer has been organized within the past five years,
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of
equity securities of the issuer,
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership
issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [X] Executive Officer [X] Director [] General/Managing Partner
Full Name (Last name first, if individual)
WEBB, DAVID R.
Business or Residence Address (Number and Street, City, State, Zip Code)
Suite 401, 675 West Hastings Street, Vancouver, British Columbia V6C 1G8
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [X] Executive Officer [X] Director [] General/Managing Partner
Full Name (Last name first, if individual)
SYLVESTRE, ROGER G.
Business or Residence Address (Number and Street, City, State, Zip Code)
Suite 401, 675 West Hastings Street, Vancouver, British Columbia V6C 1G8
oute (01) 070 77 cot 1240 sings servery viacourtery printed column via 100
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] General/Managing Partner
Full Name (Last name first, if individual)
NICKERSON, DAVE
Business or Residence Address (Number and Street, City, State, Zip Code)
Unit D, 13 Coronation Drive, Yellowknife, Northwest Territory
Unit D, 13 Coronation Drive, Tenowkine, Northwest Territory
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] General/Managing Partner
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] General/Managing Partner Full Name (Last name first, if individual)
TASCHUK, DENIS Divines and Residence Address Observed Street City State 7in Codes
Business or Residence Address (Number and Street, City, State, Zip Code)
18359 – 76 Avenue, Edmonton, Alberta T5T 5T6
Chal Day (a) that Analy [2] Day at a [1] Day Cald One [1] Day at a Company [2] Day at a [1] Carrier Day at a Company [2] Day at a Compa
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] General/Managing Partner
Full Name (Last name first, if individual)
BURTON, WILLIAM D.
Business or Residence Address (Number and Street, City, State, Zip Code)
175 Ormsby Road East, Edmonton, Alberta T5T 5X5
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [X] Executive Officer [] Director [] General/Managing Partner
Full Name (Last name first, if individual)
MANNING, LUARD JOSEPH
Business or Residence Address (Number and Street, City, State, Zip Code)
Suite 401, 675 West Hastings Street, Vancouver, British Columbia V6C 1G8
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General/Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General/Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(
(Use blank sheet, or copy and use additional copies of this sheet as necessary)
///

				B. INF	ORMATI	ON ABO	UT OFF	ERING				
			the issuer	intend to se	ell, to non-	accredited	investors i	n this			Yes	No
offering?	• • • • • • • • • • • • • • • • • • • •				.			0.1		1. 177.00		F9.71
2. What i	s the minir	mum inves	tment that	will be acc					t, if filing i	under ULOE.		[X] i/ A.
	• • • • • • • • • • • • • • • • • • • •		• • • •								Yes	No
	_	_	nt ownersh	=							[]	[X]
4. Enter	the inform	ation requ	ested for e	ach persor	who has					indirectly, a		
										. If a person		
										list the name ay set forth the		
	er or deale		cisons to o	c nsecu are	associated	i persons o	i such a bi	OKCI OI GC	der, you m	ay see for an a	ue miom	adon ioi
			individual))					·			
CANAC	CORD (CAPITAL	CORPO	RATION	(USA) I	NC.						
			s (Number			_	-					
			entre, 220	0-609 Gr	anville St	reet, Var	couver, l	British Co	lumbia	V7Y 1H2		
Name of	Associated	Broker or	Dealer									
	Which Per	son Listed	Has Solici	ted or Inter	nds to Solid	cit Purchas	ers (Check	"All State	s" or check	individual S	states) ~ A	All
States [AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
= =	-											
[IL]	[1]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	ie (Last nai	me first, if	individual))								
Business	or Resider	nce Addres	s (Number	and Street	, City, Stat	e, Zip Cod	e)					
Name of	Associated	Broker or	Dealer									
States in	Which Per	con Listed	Has Solici	ted or Inter	ade to Solic	eit Purchae	ers (Check	"All State	s" or check	individual S	tates) ~ /	<u> </u>
States	William I Ci	SOII LISICU	Tias Solici	ted of filter	ids to som	on i ujenas	CIS (CIICCK	All State	o check	i ilidividuai c	idites) · · ·	ш
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[M]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
			individual		[OI]	•	[12.2]	[,,,**]	[., ,]	[, , ,]	[]	[]
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Business	or Resider	nce Addres	s (Number	and Street	, City, Stat	e, Zip Cod	e)					
NT	A 1 1	ID 1	Delle									
Name of	Associated	Broker or	Dealer									
States in	Which Per	son Listed	Has Solici	ted or Inter	nds to Solic	cit Purchas	ers (Check	"All State	s" or check	individual S	states) ~ A	All
States												
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
$[{ m I\!L}]$	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	ne (Last na	me first, if	individual)								
	D ::		27 :	10:	02. 0	7' ~ -	<u> </u>					
Business	or Resider	nce Addres	s (Number	and Street	, City, Stat	e, Zip Cod	e)					
Name of	Associated	Broker or	Dealer									
States in	Which Do-	eon Listed	Hac Solici	ted or Into	nde to Solid	oit Purches	ers (Chash	"All State	e" or chack	individual S	tates) /	<u> </u>
States III	AA HICH L GI	POIL TIRECT	TIMO COTTO	ICO OF THICE	TING IN COTT	on i uiviids	ors (Chieck	. All state	o or check	ministring c	$mucoj \sim I$	JTT.

SEC 1972 (6/99)

States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and		
total amount already sold. Enter "0" if answer is "none" or "zero." If transaction is an exchange offering, check this box [X] and indicate in columns below the amounts of the securities offered for exchange and already	the	
exchanged.	Aggregate	Amount
Type of Security	Offering Price	Already Sold
Debt		\$0
Equity	\$0	\$0
[] Common [] Preferred	\$0	\$0
Convertible Securities (including warrants)		\$0
Partnership Interests		\$0
Other: Units of one common share and one share purchase warrant		\$667,760*
a	5007,700	\$007,700
price of \$0.33* per Unit	******	
Total	· · · · · · · · · · · · · · · · · · ·	\$667,760*
Answer also in Appendix, Column 3, if filing under ULOE.		
*converted from Canadian Dollars using a conversion rate of 0.8347		
Enter the number of accredited and non-accredited investors who h purchased securities in this offering and the aggregate dollar amounts of the		
purchases. For offerings under Rule 504, indicate the number of persons v		Aggregate
have purchased securities and the aggregate dollar amount of their purcha		Dollar Amount
on the total lines. Enter "0" if answer is "none" or "zero."	Investors	of Purchases
Accredited Investors	2	\$667,760*
Non-accredited Investors	NIL	\$ NIL
Total (for filings under Rule 504 only)		\$ N/A
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the informat	tion	
requested for all securities sold by the issuer, to date, in offerings of the ty	pes	
indicated, the twelve (12) months prior to the first sale of securities in	this	
offering. Classify securities by type listed in Part C-Question 1.	Type of	Dollar Amount
Type of offering	Security	Sold
Rule 505		\$ N/A
Regulation A	<u>N/A</u>	<u> </u>
Rule 504		\$ N/A
Total	<u>N/A</u>	\$ N/A
4. a. Furnish a statement of all expenses in connection with the issuance a distribution of the securities in this offering. Exclude amounts relating solely organization expenses of the issuer. The information may be given as subject future contingencies. If the amount of an expenditure is not known, furnish estimate and check the box to the left of the estimate.	y to t to ` i an	
Transfer Agent's Fees		[] \$0
Printing and Engraving Costs		[] \$0
Legal Fees		[] \$0
Accounting Fees		[] \$0

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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PR	COCE	EDS
Engineering Fees	[]	\$0
Sales Commissions (plus warrants)	[X]	\$46,743.20
Other Expenses (identify): State Filing Fees	[X]	\$483.38
Total	[X]	\$47,226.48

4.	b. Enter the difference between the aggregate of response to Part C - Question 1 and total expenses furr					
	C – Question 4.a.					\$620,533.42
5.	Indicate below the amount of the adjusted gross proceed proposed to be used for each of the purposes shown. If purpose is not known, furnish an estimate and check the estimate. The total of the payments listed must equal the proceeds to the issuer set forth in response to Part C - Colories and force.	the amount for any the box to the left of the the adjusted gross Question 4.b above.	r 1	Payments to Officers, Directors, & Affiliates	ε	Payments to Others
	Salaries and fees Purchase of real estate			\$0 \$0	_ []	<u>\$0</u> \$0
	Purchase, rental or leasing and installation of mac and equipment	hinery			[]	
	Construction or leasing of plant buildings and faci			<u>\$0</u> \$0	$-\begin{bmatrix} 1 \end{bmatrix}$	<u>\$0</u> <u>\$0</u>
	Acquisition of other businesses (including the val		ιJ	-\$0	— L J	\$0
	in this offering that may be used in exchange for another issuer pursuant to a merger)	the assets or securities of	[]	\$0	()	\$0
	Repayment of indebtedness			\$0	— [] []	\$0
	Working capital			\$0	[]	\$0
	Other (specify): EXPLORATION OF RESOUR			\$0	_ [X]	\$620,533.42
	Column Totals		ίĭ	\$0	[X]	\$620,533.42
	Total Payments Listed (column totals adde				0,533.42	
Co	the 505, the following signature constitutes an under mmission, upon written request of its staff, the resuant to paragraph (b)(2) of Rule 502.					
Iss	nuer (Print or Type)	Signature			Date	
T	HEE DEVELOPMENT CORP.	160)	Novemb	per 26, 2004
Na	me of Signer (Print or Type)	Title of Signer (Print or	Type)			
R	OGER G. SYLVESTRE	EXECUTIVE VICE	-PRE	SIDENT	<u></u>	
		ATTENTION				
	Intentional misstatements or om		ral crim	inal violations.		
		See 18 U.S.C. 1001.)				

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

E. STATE SIGNATURE

1.	Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification	Yes	No
	provisions		
	of such rule?	[]	[X]

See Appendix, Column 5, for state response

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly signed person.

Issuer (Print or Type)	Signature	Date
TYHEE DEVELOPMENT CORP.	73	November 26, 2004
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
ROGER G. SYLVESTRE	EXECUTIVE VICE-PRESIDENT	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

			, , , , , , , , , , , , , , , , , , , ,					,		
1	2		3 Type of security	,	2	4		Disqual under Sta	5 ification ate ULOE	
		ntend to sell to and aggregate							, attach	
	non-acc		offering price		Type of in	vestor and			ation of	
		in State	offered in state		Amount purch	hases in State		waiver granted) (Part E-Item 1)		
-	(Part B	Item 1)	(Part C-Item 1)		(Part C-	Number of		(Part E	-item 1)	
				Number of Accredited		Number of Non- Accredited		:		
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA			Units @ \$0.33 per Unit	1	\$333,880	Nil	N/A		Х	
CO							-			
CT										
DE DC							ļ			
FL										
GA			 							
HI										
ID ID										
IL										
IN				·						
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NM										
NY										
NC							1			
ND							ļ			
OH OK										
OR										
PA		 								
RI										
SC	-						1	1		
SD					1					
TN										
TX			Units @ \$0.33 per Unit	1	\$333,880	NIL	N/A`		X	
UT										
VT										

APPENDIX

1	2	3	4	5
İ				Disqualification
		Type of security		under State ULOE
	Intend to sell to	and aggregate		(if yes, attach
	non-accredited	offering price	Type of investor and	explanation of
	investors in State	offered in state	Amount purchases in State	waiver granted)
	(Part B-Item 1)	(Part C-Item 1)	(Part C-Item 2)	(Part E-Item 1)
VA				
WA				
WW				
WI				
WY				
PR				

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